Please type a plus sign (+)	inside this box	

PTO/SB/83 (2/00)
Approved for use through 10/31/02. OMB 0651-0035
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE official of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to resp

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT.

pond to a collection of information	on Uniess it dispisas a valid Own Control number.
Application Number	09/288,589
Filing Date	April 8, 1999
First Named Inventor	Bocci
Group Art Unit	1733
Examiner Name	"A, JOHNSTONE
Attorney Docket Number	30-4424

To: Assistant Commissioner for Patents Washington, DC 20231 I hereby apply to withdraw as attorney or agent for the above identified patent application. The reasons for this request are: I am Now an employee of the USPTO as a junior patent examiner. SEP 25 2000 1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: CORRESPONDENCE ADDRESS Place Customer Number Bar Code Label here Pirm or
The reasons for this request are: I am now an employee of the USPTO as a junior SEP 25 2000 SEP 25 2000 1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: CORRESPONDENCE ADDRESS Place Customer Number Bar Code Label here
I am an employee of the USPTO as a junior SEP 25 2000 1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: CORRESPONDENCE ADDRESS Place Customer Number Bar Code Label here
2. Change the correspondence address and direct all future correspondence to: CORRESPONDENCE ADDRESS Customer Number Place Customer Number Bar Code Label here
2. Change the correspondence address and direct all future correspondence to: CORRESPONDENCE ADDRESS Customer Number Place Customer Number Bar Code Label here
2. Change the correspondence address and direct all future correspondence to: CORRESPONDENCE ADDRESS Customer Number OR Place Customer Number Bar Code Label here
2. Change the correspondence address and direct all future correspondence to: CORRESPONDENCE ADDRESS Customer Number OR Place Customer Number Bar Code Label here
2. Change the correspondence address and direct all future correspondence to: CORRESPONDENCE ADDRESS Customer Number Place Customer Number Bar Code Label here
2. Change the correspondence address and direct all future correspondence to: CORRESPONDENCE ADDRESS Customer Number Place Customer Number Bar Code Label here
2. Change the correspondence address and direct all future correspondence to: CORRESPONDENCE ADDRESS Customer Number Place Customer Number Bar Code Label here
2. Change the correspondence address and direct all future correspondence to: CORRESPONDENCE ADDRESS Customer Number Place Customer Number Bar Code Label here
Customer Number OR Correspondence Address Place Customer Number Bar Code Label here
Customer Number Place Customer Number Bar Code Label here
OR Bar Code Label here
OR
Firm or
1 1 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
L—J Individual Name
Address
Address
City State ZIP
Country
Telephone Fax
This request is enclosed in triplicate.
Name Bronwen Brown Loeb
Signature Mc M Tock
Date /9/14/00
NOTE: With desiral in effective when an end of the file
INU I ⊆. YYIUTURAWAI IS ONOCTIVO WHON APPROVOG RATHOR THAN WHON POCOIVOG.
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissional for Patents, Washington, DC 20231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissional for Patents, Washington, DC 20231.

OCT 1 3 2000